

Serial No.: 09/438,206

Confirmation No.: 9018

Filed: 12 November 1999

For: METHODS AND COMPOSITIONS FOR TREATING MAMMALIAN SPINAL CORD INJURIES

Amendments to the Claims

This listing of claims replaces all prior versions, and listings, of claims in the above-identified application:

Listing of Claims

Claims 1-21 (cancelled)

Claim 22 (currently amended) A method of treating a mammalian patient having suffered an injury to its spinal cord, said method comprising contacting the injured spinal cord after the injury but within a period no greater than about 24 hours after said injury with a composition comprising an effective amount of at least one C1-C10 polyalkylene glycol, wherein the effective amount of at least one C1-C10 polyalkylene glycol is in an amount effective to restore nerve impulse conduction through said injured spinal cord, wherein the composition does not contain benzyl alcohol.

Claim 23 (previously presented) The method according to claim 22 wherein said spinal cord is severed.

Claim 24 (previously presented) The method according to claim 22 wherein said spinal cord is crushed spinal cord.

Claim 25 (previously presented) The method according to claim 22 wherein said polyalkylene glycol is selected from the group consisting of polymethylene glycol, polyethylene glycol, polypropylene glycol, polybutylene glycol, polypentylene glycol, polyhexylene glycol, polyheptylene glycol, polyoctylene glycol, polynonylene glycol, polydecylene glycol and mixtures, thereof.

Claim 26 (previously presented) The method according to claim 25 wherein said polyalkylene glycol is administered to said patient in a pharmaceutically acceptable carrier.

Claim 27 (previously presented) The method according to claim 26 wherein said polyalkylene glycol is selected from the group consisting of polyethylene glycol, polypropylene glycol and mixtures thereof.

Claim 28 (previously presented) The method according to claim 22 wherein said polyalkylene glycol is polyethylene glycol.

Claim 29 (previously presented) The method according to claim 26 wherein said polyalkylene glycol is polyethylene glycol having a molecular weight ranging from about 40 daltons to about 3500 daltons.

Claim 30 (previously presented) The method according to claim 22, wherein said polyalkylene glycol is polyethylene glycol and wherein said method further comprises the step of contacting said injured spinal cord with a synergistic amount of 4-aminopyridine and within an effective time of contacting said spinal cord with said polyethylene glycol so as to produce a synergistic increase in restoration of nerve function and reflex behavior in said patient.

Claims 31-37 (cancelled)

Claim 38 (currently amended) A method of treating a mammalian patient having suffered an injury to its spinal cord, said method comprising contacting the injured spinal cord after the injury but within a period no greater than about 24 hours after said injury with a composition comprising an effective amount of polyethylene glycol, wherein the effective amount of polyethylene glycol is in an amount effective to restore nerve impulse conduction through said injured spinal cord, wherein the composition does not contain benzyl alcohol.

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Claim 39 (previously presented) The method according to claim 38 wherein said polyethylene glycol has a molecular weight ranging from about 40 daltons to about 3500 daltons.

Claim 40 (previously presented) The method according to claim 38 further comprising the step of contacting said injured spinal cord with a potassium channel blocker in the form of 4-aminopyridine in an effective amount and within an effective time of contacting said spinal cord with said polyethylene glycol.

Claims 41-42 (cancelled)

Claim 43 (previously presented) The method according to claim 40 wherein said polyethylene glycol has a molecular weight ranging from about 40 daltons to about 3500 daltons.

Claim 44 (previously presented) The method according to claim 22 or 38 wherein the restoration of nerve impulse conduction is evidenced by a detectable increase in conduction action potentials, observation of anatomical continuity, restoration of more than one spinal root level, or an increase in reflex behavior.